

British Safety Council Replacement Certificate Application Form for Centres



Before completing this application form, you should read the Replacement Certificate Policy.
The form should be sent, with the original certificate(s), to Qualifications Team, British Safety Council,
70 Chancellors Road, London W6 9RS.

SECTION 1 - CONTACT DETAILS

First name _____
Last name _____
Centre name _____
Address _____
Postcode _____
Email address _____

SECTION 2 - CERTIFICATE(S) REQUESTED

Name of qualification/unit

Candidate name(s)

SECTION 3 - REASON FOR REQUEST

SECTION 4 - CERTIFICATES ENCLOSED

Original certificates enclosed Yes No
If no, give reason _____

SECTION 5 - PAYMENT DETAILS

TOTAL PAYABLE £ (£18 per certificate)
 I enclose a cheque made payable to British Safety Council.
 I authorise the British Safety Council to debit my Visa/Mastercard/Amex/Maestro card with the total payable.
Card number _____
Valid from / Expiry date /
Issue number CV2 code
(Switch only) (3/4 security digits on reverse of card)
Cardholder Signature _____ Date _____

SECTION 6 - DECLARATION

We will process your data in accordance with the UK Data Protection Act 1998.
I confirm that by completing and submitting this form I

- give consent to the processing of this data;
- have read and understand the British Safety Council's policy on replacement certificates;
- have supplied information which to the best of my knowledge is correct.

Signature _____
Date _____

OFFICE USE ONLY

Date received _____
Candidate(s) verified _____
Replacement(s) issued _____